

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027557

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 504 Registrar's No. 69

STATE FILE NUMBER

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Norborne</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carroll County Memorial</u>		d. STREET ADDRESS <u>R7D</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Russell Lee Tweedie</u>		4. DATE OF DEATH Month Day Year <u>July 15 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>CAU.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Carroll County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>John Tweedie</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Haines</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Tweedie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs Laura Tweedie, Norborne, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Embolus to brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Crushed Right Thorax when hit by bull</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Large bull butted him in chest.</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>7:45 July 11 1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on own farm</u>	
20f. CITY, TOWN, OR LOCATION <u>R.R. #1 Norborne</u>		COUNTY <u>Carroll</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>11 July '63</u> to <u>15 July '63</u> and last saw him alive on <u>15 July '63</u> Death occurred at <u>7:45</u> A <u>M</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J. Vinyard M.D.</u>		22b. ADDRESS <u>Carrollton Mo</u>	
22c. DATE SIGNED <u>7-16-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Fair Haven Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>July 17, 1963</u>	
23c. LOCATION (City, town, or county) <u>Norborne, Mo.</u>		23d. DATE RECD. BY LOCAL REG. <u>7-16-63</u>	
24. FUNERAL DIRECTOR <u>Dickerson-Rue, Bogard, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Mary Jeaner Crisp Nelson</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59
1 0171
2 0170
3
4 0
5 1
6
7 0
8 2
9 9281
10 3
11 017
12 5-0
13 2-0

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.